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Methamphetamine

Are tougher anti-meth laws needed?

nown as "crank," "ice" and "poor man's cocaine," methamphetamine is the nation's most serious local drug problem, according to a July 2005 report by the National Association of Counties.

Requests for treatment for "meth" abuse — which can produce a 24-hour high and cause irreversible brain damage — jumped 420 percent in recent years. Moreover, the toxic chemicals used in making meth wreak havoc on the environment, and child-welfare authorities say children whose parents use or make meth often suffer abuse and neglect. Unlike other illegal drugs, meth can be made with readily available ingredients. Police in rural areas throughout the West, Midwest and South have been raiding meth labs — which are toxic, foul-smelling and potentially explosive — in homes, hotel rooms and national parks. Now meth is moving eastward, and lawmakers are scrambling to pass meth-related legislation — including laws making it harder to buy cold medicines with pseudoephedrine, a key meth ingredient.

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Before-and-after photos of an addict from rural Illinois show how meth causes physical deterioration.

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Cover: Before-and-after photographs of a meth addict from central Illinois show how the drug causes rapid physical deterioration. (Paxis Institute)

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Methamphetamine

BY PAMELA M. PRAH

THE ISSUES

assie Haydal seemed to be sailing through her senior year in high school in Miles City, Mont. She was not only an honor student but also a youth basketball coach and sportswriter for the local paper. Then without warning she collapsed at home, leaving family members grief-stricken and mystified.

But during the 10 days that Cassie lay in a coma, they discovered she had been using methamphetamines for the past 18 months. The drug severely damaged her heart, ultimately destroying virtually every organ in her body. When she died, only her skin and corneas could be donated for use by other patients.

Meth is the modern version of "speed" — the 1970s-era amphetamine that dieters and students used to curb appetites and stave off sleep. Like their predecessors, today's meth users — including professionals, new moms and students — often turn to meth for extra energy and weight loss. Rural teens often try it out of boredom. In the past, the typical meth user was an adult male with a lower-than-average income, but today's users are all ages and levels of income. Whites still use it more than minorities, and it is used equally among men and women. 1

Once tried, meth is hard to give up. Able to produce a high lasting 24 hours — significantly more than cocaine's 30-minute rush — meth also boosts confidence and libido levels. ²

Because of its extreme potency and several other alarming factors, local and federal law-enforcement agencies



High school senior Cassie Haydal, of Miles City, Mont., died after using methamphetamine for 18 months. Local and federal law-enforcement officials call meth a greater threat than cocaine or marijuana because of the human, economic and environmental damage it causes.

today call meth a greater threat than cocaine or marijuana. ³ "Methamphetamine is the most widely used and clandestinely produced synthetic drug in the United States," a federal task force said in late 2004. ⁴

On July 5, 2005, the National Association of Counties (NACO) made a similar assessment, blaming the drug for jail crowding, higher crime rates and several social welfare problems, including child neglect. Fifty-eight percent of the 500 county law-enforcement agencies surveyed by the association said methamphetamine is their largest drug problem, and 87 percent reported increases in meth arrests starting three years ago. The problem is most serious in the Southwest, Northwest and Upper Midwest, where 76 percent, 75 percent, and 67 percent of the counties, respectively, rated methamphetamine as their No. 1 problem. ⁵

Hawaii was the first state to be hit by serious methamphetamine use — in the mid-1980s — and today it is "the greatest drug threat" to the state, according to the White House Office of National Drug Control Policy. ⁶ Since then, the drug has steadily moved eastward, striking California, the Pacific Northwest and then the Midwest and South. ⁷

Meth is more dangerous than other drugs, law-enforcement officials say, because it has a greater impact on the user, the user's family and the community.

For the user, meth can lead to irreversible brain damage, stroke, memory loss, psychotic behavior, heart damage, hepatitis and HIV transmission. ⁸ Meth users often develop sores on their bodies from scratching at "crank bugs," or imaginary insects crawling under their skin. ⁹

And their teeth and gums often deteriorate, a devastating condition known as "meth mouth."

Cassie's mother realizes now that she had ignored signs that her daughter was in trouble: She had lost weight, couldn't sleep, didn't wash her hair, saw bugs that weren't there and "picked her face apart."

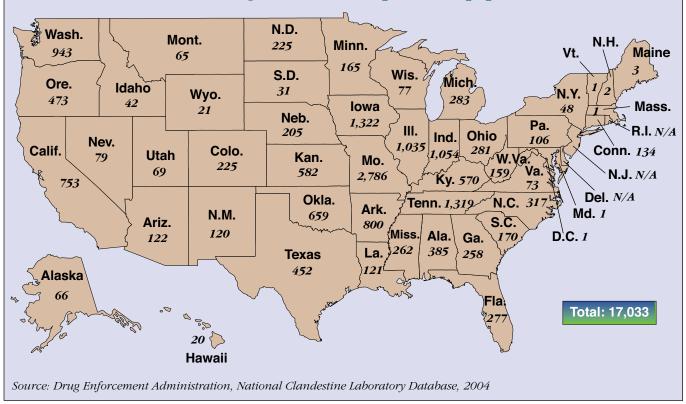
Users also often have episodes of violent, paranoid behavior — psychotic symptoms that can last for months or even years after the drug abuse has stopped. ¹⁰

Meth differs from most other illegal drugs because it can be easily made from common ingredients. Unlike cocaine or marijuana, for example, which come from plants, meth is a synthetic. Its ingredients — certain cold medicines (including popular Sudafed), fertilizer, kitty litter and drain cleaner — can be readily purchased, and recipes for "cook-

Missouri Has Most Meth Labs

More than 17,000 incidents involving methamphetamine labs were logged in 2004. Missouri had the most, with 2,786, followed by Iowa, Tennessee and Indiana. Few incidents were reported in the Northeast, but authorities say the drug is moving eastward.

Incidents Involving Meth Labs, Dumpsites or Equipment, 2004



ing" meth are widely available on the Internet. ¹¹ A meth "cookbook" listed on Amazon.com is in its sixth edition.

Because meth can be produced using several methods and recipes, its color and form range from a powder to rocklike chunks, in yellow, brown, gray, orange, pink and other colors. It can be smoked, injected, snorted or taken in pill form.

Moreover, making meth can be lucrative. Ingredients costing \$1,000 can produce meth worth \$20,000 on the street. ¹² Retail prices for meth range from \$20 to \$300 per gram, depending on the locality. ¹³

While most of the methamphetamine in the United States comes from

"super labs" in Mexico and California that can produce more than 10 pounds of the drug in 24 hours, mom-and-pop labs have been discovered in homes, hotel rooms, abandoned sheds, state and national parks and even vans and luggage. ¹⁴

"It is now clearly a nationwide epidemic, and anyone who thinks it isn't hasn't studied the issue," Montana state Rep. Brady Wiseman, D-Bozeman, said recently. ¹⁵

Foul smelling, highly toxic and potentially explosive, meth labs are often found in rural areas like Cassie's hometown because they are easier to hide. "It is harder to mask the smell of a meth lab in an apartment in Chicago

than on hundreds of acres of land in rural West Virginia," writes Pilar Kraman, research analyst for the Council of State Governments. ¹⁶ More than 5,000 meth labs were uncovered in 2004 in just Missouri, Iowa and Tennessee — more than any other area of the country. (*See map, above.*)

Meth labs and parents' meth addiction pose serious risks to children because of the highly toxic fumes generated during production and because addicts coming down from a meth high will often sleep for days, neglecting their children. ¹⁷ (*See sidebar, p. 600.*)

In addition, police, first responders and social workers who unknowingly enter the labs also are at risk, as are lab-cleanup technicians. Exposure to low levels of some meth ingredients can cause flu-like symptoms headache, nausea, dizziness and fatigue. Exposure to high levels can cause shortness of breath, coughing, chest pain, eve and tissue irritation, chemical burns and even death. For every pound of meth made, five to seven pounds of chemical waste are produced. ¹⁸ (See sidebar, p. 604.) In addition, meth users often booby-trap their homes against police. Law enforcement officials have found tripwires, hidden sticks with nails or spikes and light switches wired to explode. Meth addicts also can become extremely hostile, turning to crime and violence to support their habit.

The danger posed by meth labs and users prompted the U.S. Drug Enforcement Administration (DEA) to set up mock meth labs at the FBI's Quantico, Va., training facility, where 15,000 local officers have been taught how to deal with meth, according to DEA spokesman Rusty Payne.

The cost of training law-enforcement officers and dealing with the aftermath of meth use has strained local budgets. Oklahoma estimates that a typical meth-lab case costs the state \$350,000. In addition to the cost of training, trials and incarceration, expenses include \$54,000 to treat the meth user, \$12,000 in child-welfare services and \$3,500 to decontaminate what essentially is a hazardous-waste site. ¹⁹

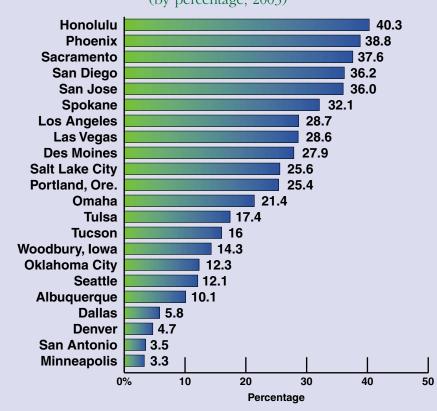
Unlike rural areas, cities often face different meth problems. For example, "crystal meth," a highly potent version of the drug, has become popular in dance clubs and is particularly prevalent among gay white men. Known as "ice" and "Tina," crystal meth increases sex drive but can also cause impotence, so some men are mixing crystal meth with the anti-impotence drug Viagra. The concern is that gay men, high on crystal meth, will forgo using condoms during sex, increasing the risk of HIV-AIDS and other sexually transmitted diseases. ²⁰

Meth Use Highest in West, Midwest

Forty percent of the adult males arrested in Honolulu in 2003 and more than a third of those arrested in Phoenix and three California cities tested positive for methamphetamines, according to the most recent available data.

Arrested Adult Males Testing Positive for Meth

(by percentage, 2003)



Source: National Institute of Justice, "Arrestee Drug Abuse Monitoring (ADAM) Program, 2004"

Confronted by the high human and financial costs of meth, states are taking action. After three state Highway Patrol troopers in Oklahoma were killed by meth users, the state in 2004 enacted the country's toughest anti-meth law. It puts cold medicines with pseudoephedrine, a key ingredient for making methamphetamine, behind pharmacy counters and limits the amount of cold tablets a person can buy. ²¹ States also are looking at beefing up their childendangerment laws and seeking ways to clean up abandoned meth lab sites.

Many states — and some congressional lawmakers — are looking at the Oklahoma law as a model. A White House Interagency Working Group on Synthetic Drugs proposed what it calls the "first comprehensive plan" for attacking methamphetamine and other synthetic-drug abuse. ²² Among other things, the plan calls on Congress to give the DEA more authority over imports of bulk ephedrine and pseudoephedrine and to lower the threshold for single purchases of products containing pseudoephedrine below the current nine grams.

Meanwhile, county officials are urging the Bush administration to restore funds for an \$804 million anti-drug program cut from the proposed 2006 federal budget, arguing the administration should focus more on fighting methamphetamine and less on stopping marijuana use among teenagers.

Elimination of the program "really stifles us from being able to combat this epidemic drug," said Angelo Kyle, president of NACO. ²³

As lawmakers and law-enforcement officials debate what to do next, here are some of the questions many are asking:

Has the methamphetamine problem reached "epidemic" levels?

Starting in Hawaii and California, meth has struck the nation's heartland and continues to move eastward "at a pace unrivaled by any other drug in recent times," according to the National Institute for Drug Abuse (NIDA). ²⁴ Even a drug-busting district attorney in Texas — Richard Roach — got caught injecting himself with meth that he stole from police seizures. ²⁵

"Ten years ago, the DEA basically told us [meth] was going to be spreading, but nobody paid attention," says James E. Copple, co-director of the International Institute for Alcohol Awareness, who has held 15 meth "summits" across the country. In the past year, however, meth availability has increased nationwide, most notably in the Northeast — a region where meth use was rare only a few years ago.

But drug experts disagree over whether methamphetamine usage has reached epidemic levels.

The latest government data show that meth is being produced in greater quantities and is more available in certain parts of the country, but nationwide it's hard for federal authorities to see any clear trends. "National-level data do not indicate a clear trend—either increasing or decreasing— with respect to rates of methamphetamine

use," DEA said in its 2005 National Drug Threat Assessment.

While meth use has increased in recent years, it is by no means the most commonly abused illegal drug in the United States. In 2003, about 25 million Americans over the age of 12 used marijuana, and nearly 6 million used cocaine, but only about 1.3 million used meth. Similarly, more than 12 million Americans have tried meth at least once in their lifetime, compared to 97 million who have tried marijuana and nearly 35 million who have tried cocaine. ²⁶ (See graphs, pp. 596, 597.)

In fact, nationwide meth use appears to be on the decline among young people. More than 6 percent of high school seniors have tried meth, down from 8 percent in 1999. The percentage of 10th-graders who have tried meth is also down — from nearly 7 percent to just over 5 percent. ²⁷

The DEA and other law-enforcement and substance experts contend meth is an epidemic because of the speed with which the drug has entered certain communities and the extraordinary impact it has had — destroying lives and threatening public safety and the environment.

"Meth is the No. 1 drug threat to rural America, and in many places the drug is the No. 1 threat — period," says DEA spokesman Payne.

Rural areas are the preferred venue for manufacturing meth because the pungent, dangerous process is more easily concealed in sprawling country fields or wooded areas. Moreover, rural law-enforcement agencies are often small and inadequately trained for handling meth.

Law enforcement usually cites dramatic spikes in the number of meth labs discovered as an indicator of a state's meth problem. The number of meth labs, equipment and dumpsites discovered jumped more than fourfold from 1995 to 2004 — from a total of 327 to more than 17,000 in 2004.

Missouri, Iowa and Tennessee had the most meth lab discoveries in 2004. (*See map, p. 592.*)

Emergency rooms, treatment centers and arrest records show similar increases:

- The number of meth-related admissions to publicly funded hospital emergency rooms more than doubled in less than a decade: More than 104,000 people were admitted with meth-related ailments in 2002 up from 48,000 in 1995.
- In U.S. drug-abuse treatment centers, admissions for abuse of stimulants (both methamphetamines and amphetamines) jumped 420 percent from 1992 to 2002.
- Forty percent of all males arrested in Honolulu tested positive for meth in 2003, and more than a third of those arrested in Phoenix, Sacramento, San Diego and San Jose. ³¹

However, studies show that meth use is not having the same impact in all areas of the country and within all groups. "Methamphetamine use has been at epidemic stages in some areas of the country for over a decade, while in others its popularity is confined to small subgroups," according to a March 2005 National Institute of Justice report. ³²

For instance, the more potent "crystal meth" is particularly prevalent in the gay community, where users often mix the drug with Viagra, says Tom Hedrick, founding director of the Partnership for a Drug-Free America, a nonprofit group that focuses on research and educational campaigns to reduce illicit drug use.

New York City and other cities are concerned that gay men, high on libidoenhancing crystal meth, will neglect to use condoms during sex, increasing the risk of spreading AIDS and other sexually transmitted diseases. ³³ Alarmingly, a gay man in New York City who was recently diagnosed with a drug-resistant strain of HIV had engaged in unprotected sex with multiple partners while high on crystal meth. ³⁴

Meth use in the West, rural areas and in the gay community is "a very serious and a growing problem," says NIDA spokeswoman Blair Gately. She says meth use has reached epidemic proportions in Hawaii, where some 35 percent of all admissions to substance-abuse treatment in 2002 were for methamphetamine — the highest in the country.

But some experts claim the meth threat is being exaggerated. Meth "sells a lot of newspapers, gets a lot of politicians voted back into office and raises money for police departments," but the problem is "overblown and over hyped," says Jack Cole, executive director of Law Enforcement Against Prohibition (LEAP), and a retired detective lieutenant who spent 26 years with the

New Jersey State Police, including 14 in narcotics. LEAP calls the U.S. war on drugs a "total and abject failure" and advocates legalization of all drugs.

Similarly, Allison Colker, a senior policy specialist at the National Conference of State Legislatures (NCSL), attributes the "almost hysteria" that has developed about meth use to the dangers posed by the labs. "The idea that you could go camping and not

know there are chemicals there [left over from a meth lab] has really captured people's attention," she says.

Hedrick of the Partnership for a Drug-Free America also is cautious. "There are lots of stories calling this a new epidemic, yet there are very few numbers to back up that claim," he says. However, he quickly adds, "Even low prevalence scares the bejesus out of us because it's such a dangerous drug for the community."

Will putting cold medicines behind the counter curb meth production and use?

Major retailers — including Rite Aid, Target, Kmart and Wal-Mart — are making it harder to buy non-prescription cold medicine containing pseudoephedrine, a key ingredient for manufacturing meth. They are voluntarily putting Sudafed, Benadryl Allergy and Sinus and Claritin-D and other pseudoephedrine-containing medicines behind their pharmacy counters and are refusing to sell the products in stores without pharmacies. ³⁵

The move comes as many states — following Oklahoma's lead — are approving a variety of measures limiting the availability of pseudoephedrine and as Congress considers enacting a tough,

Getty Images/Devid McNew

A U.S. Customs agent and a drug-sniffing dog inspect a car entering the United States from Mexico at San Ysidro, Calif., in 2003. Nearly two-thirds of U.S. meth comes from "super labs" in Mexico that can produce more than 10 pounds of the drug in 24 hours.

Oklahoma-style anti-meth measure nationwide. Oklahoma's 2004 law — considered the nation's first and stiffest anti-meth law — reclassifies pseudoephedrine tablets as a Schedule V controlled substance, which only pharmacists can sell, and limits how much consumers can purchase at one time. The medications must be kept behind the pharmacy counter, and customers buying pseudoephedrine must show identification and sign a logbook. ³⁶

The Oklahoma measure is growing in popularity because it has produced dramatic results. Within a year after its passage, parts of the state saw an 80 percent drop in the number of meth lab seizures. ³⁷

Nearly half the states follow Oklahoma's lead and now restrict the purchase of cold medicines with pseudoephedrine, including Arkansas, Iowa, Kansas, Kentucky, Oregon and Tennessee. Illinois and Missouri require cold medicines to be sold behind the counter or in a locked cabinet, similar to the way tobacco products are sold. Colorado, South Dakota and Wyoming — among others — merely limit the amount of cold medicine a person can buy.

Larger retailers, represented by the National Association of Chain Drug Stores, favor a nationwide law so they can avoid having to comply with a hodgepodge of state laws. ³⁸ "It is becoming increasingly difficult to meet the requirements of each individual city, county and state law," Target Vice President Mary Kelly said.

"The most effective way to fight the growing meth epidemic is to make it harder for criminals to get the key ingredient in the production of this deadly drug,"

Sen. Dianne Feinstein, D-Calif., said in a statement with other cosponsors of a federal measure modeled after the Oklahoma law. ³⁹

"This legislation is a dagger at the heart of meth manufacturing in America," Sen. Jim Talent, R-Mo., lead sponsor of the measure, said. His home state leads the nation in meth lab seizures, with 2,707 labs discovered in 2004 — the third year in a row that Missouri has led the country in lab seizures. ⁴⁰

Meth Called Biggest Drug Problem Law-enforcement officials say methamphetamine is the nation's leading drug problem, largely because of the havoc it wreaks on lives, the environment and local crime rates. **Percentage of County Officials Reporting Their Biggest Drug Problem** 58% Methamphetamine 19% Cocaine Marijuana 17% Heroin 3% Source: National Association of Counties, "The Meth Epidemic in America," July 5, 2005; data based on a survey of 500 local officials

The Bush administration calls the Oklahoma approach "promising" and worth considering nationwide. "We are working to maintain Americans' access to these medications but reduce the threat of their diversion and abuse," said John P. Walters, director of the White House Office of National Drug Control Policy. ⁴¹

Some, however, say Oklahoma-style legislation is not a silver bullet. "Even if these proposed restrictions on ephedrine retail sales eliminated all makeshift meth labs, there is still plenty of meth to go around. Addicts will find it," Carol Falkowski, director of research communications at the Hazelden Foundation, a leading drug-treatment facility in Center City, Minn., says.

Hedrick, of the Partnership for a Drug-Free America, worries that the focus on putting cold medicines behind the counter could foster a false sense of security that the meth problem will go away. "We're only focusing on reducing supply of the 15 to 20 percent that comes from these small 'mom and pop' labs," he says. "No one is talking about the 80-85-plus percent that comes from Mexico and overseas and uses ephedrine that comes in by the shipload from rogue manufacturers internationally."

Although small labs in the United States far outnumber so-called super labs operated by big drug traffickers, most Americans get their meth from the super labs. In past years, the DEA estimated that about 80 percent of the nation's meth came from super labs in California and Mexico. But a White House working group on meth now puts super lab meth production at only 65 percent. 42 DEA spokeswoman Rogene Waite attributes the drop to joint operations with the Royal Canadian Mounted Police, which DEA says virtually eliminated the supply of precursor chemicals from Canada going to super labs in California. DEA now estimates that U.S. super labs produce about 12.5 percent of the meth consumed domestically while those in Mexico account for the remaining 52.9 percent.

The DEA has also been working with Mexican authorities to control the flow of pseudoephedrine. In joint operations between September 2003 and December 2004, U.S. and Mexican authorities seized some 67 million pseudoephedrine tablets, including 35 million tablets in Los Angeles and 400,000 tablets in Mexico, according to the DEA. ⁴³

But former New York State Attorney General Dennis C. Vacco calls it "overkill" to restrict the sale of medicines with pseudoephedrine. "The guys running the super labs are not walking into a local drugstore to buy their pseudoephedrine," he says.

Restricting cold medicines may reduce the number of explosions and police raids on dangerous meth labs, says Radley Balko, an analyst with the libertarian Cato Institute. But, "restricting regular people's access to cold medicine isn't going to make a significant dent in meth use."

Elizabeth Assey, a spokeswoman for the Consumer Healthcare Products Association (CHPA), agrees. While the Oklahoma law reduced the number of meth lab seizures, there is little evidence so far that it affected meth use or treatment, she says. Her group prefers a broader approach to the problem, rather than "half-measures that have a greater impact on sick kids, care givers and flu sufferers than on criminals," said association President Linda A. Soydam. ⁴⁴

For instance, CHPA cosponsors two anti-meth campaigns that it says exemplify programs that work. The first is a two-year effort with the Partnership for a Drug-Free America, the American Academy of Pediatrics and the DEA in St. Louis and Phoenix. It airs statewide public-service ads and promotes news reports about the dangers of meth. The first such campaign kicked off in Tennessee in March 2005.

"Meth Watch," another private-public partnership that CHPA helped to create, helps retailers teach workers to spot and alert authorities about suspicious purchases of meth ingredients. Kansas, Oregon and Washington have Meth Watch programs, and all have seen decreases in meth lab busts since 2001, according to CHPA. ⁴⁵

All sides agree that restricting cold medicine should be just part of a comprehensive anti-meth strategy. But, for now, it's the only one getting attention. "There's not the same momentum to invest in treatment to curb the meth crisis as there is to pull pseudoephedrine off the shelves," says Colker of the National Conference of State Legislatures.

Should meth addicts be treated differently from other drug addicts?

Politicians and law-enforcement officials say meth addiction is unlike any other: They claim that a person can get hooked with just one try, and that the drug is harder to kick than heroin or cocaine. But many national substanceabuse experts disagree.

Undoubtedly, meth destroys lives, and there are no drugs to help people addicted to meth, such as methadone for heroin addicts. And while news reports about meth addicts are tragic and horrible, many stories are filled with exaggerations and outright falsehoods that perpetuate meth myths, some experts say. "One of the myths about meth is that that the addiction is unique and the treatment is unique," Colker says.

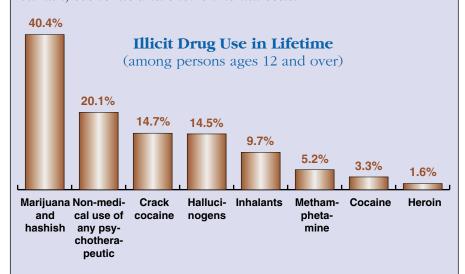
Meth does affect the body differently from other drugs, but the oft-repeated "meth blows holes in the brain" is a "gross overstatement and exaggeration," says Richard Rawson, associate director of the Integrated Substance Abuse Programs at the University of California at Los Angeles (UCLA), and a leading expert on methamphetamine addiction.

"Calling meth users untreatable is absolute nonsense," Rawson says. Like all drugs, including alcohol, meth can cause permanent, cognitive damage. In extreme cases, even after years of abstinence, parts of the brain do not recover to premeth days. ⁴⁶ But in most cases, the parts of the brain affected by meth — such as those pertaining to memory, judgment and a sense of well-being — recover over a six-to-12-month period, according to Rawson, who has conducted meth-related research for NIDA.

And while addiction to meth can occur rapidly — particularly if it is smoked or injected — it's an overstatement to

Meth Use Outpaces Cocaine, Heroin

More Americans age 12 and over use methemphetamine than cocaine or heroin, but far more use marijuana and hashish. Despite the relatively low number of users, local law-enforcement officials call meth the nation's leading drug problem because of its high human, economic and environmental costs.



Source: Substance Abuse and Mental Health Services Administration, "National Survey on Drug Use and Health," 2003

say that a person can be addicted after just one try, says Jim Atkins, manager of admissions at the Hazelden Foundation and a former meth addict. "That's not true for any drug," he says.

The "most destructive" meth myth is that its addiction is harder to beat than cocaine or heroin, Atkins says, because it implies there is little hope for a meth addict to recover. At Hazelden, meth addicts have the same success rate as other addicts, he says, with 60 percent staying clean a year after treatment.

In Washington state, meth addicts are treated just like any other addict, says Toni Krupski, research administrator for the Division of Alcohol and Substance Abuse. "We don't do anything special for meth addicts."

Krupksi calls the meth "summits" that bring together law-enforcement officials, community leaders and substance-abuse experts "sensationalistic events" that are often based on anec-

dotal evidence, not hard science. She stresses that while law-enforcement officials are exposed to extreme meth cases on a regular basis, "that's not necessarily the complete picture."

Rawson acknowledges that when police in Kansas or Iowa say they have never seen anything like meth, they are correct. Many rural areas now dealing with meth did not experience the deadly 1980s epidemic of crack cocaine, a highly addictive drug favored by urban black men.

Still, meth addicts do present unique challenges to police and treatment personnel. Many meth users have hair-trigger tempers and are violent and psychotic. ⁴⁷ Rural treatment clinics accustomed to seeing only alcoholism and heroin addiction are surprised by the appearance and behavior of meth addicts, who often arrive hallucinating and covered with sores from scratching at imaginary insects.

"Because this is such a graphic drug—it turns people into monsters—there is this assumption that they are harder to treat," Atkins says. "Facts prove conclusively otherwise," he says, citing the similarities in recidivism rates between meth addicts and other drug addicts.

However, Rawson says a 28-day, in-patient detoxification regimen that relies only on the Alcoholics Anonymous technique does not work for meth addicts, largely because it is confrontational, forcing an addict to break through denial. "If you do that with a meth addict, you'll get punched in the nose," says Rawson, who has worked with 20,000 meth users at UCLA's clinic.

He helped pioneer the "Matrix model," an outpatient system designed specifically for users of meth and other stimulants. The approach combines behavioral, educational and 12-step counseling techniques.

NIDA says the most effective meth treatments are "cognitive behavioral interventions" that teach addicts to think and act differently and cope with life's stressors more effectively. ⁴⁸

Falkowski, of the Hazelden Foundation, suggests keeping meth addicts in jail the first few days before remanding them for treatment. That way they can sleep off the meth effects in jail instead of a costly, therapeutic setting.

Another approach is Minnesota's meth "boot camp," where addicts spend six months detoxifying before undergoing six months of a regimented schedule that includes exercise, literacy and other education and military drills, combined with drug treatment and reintroduction to the community. 49 The experiment only involves 114 beds so far, but Minnesota opted to try it after seeing an explosion of offenders who had no criminal problems before trying meth, says Shari Burt, a spokeswoman for the Minnesota Department of Corrections. The state saw its methinmate population grow 628 percent in the three and half years between

2001 and 2004. Meth users now make up half of all drug offenders in Minnesota's prisons.

More than half of the meth addicts who seek treatment go because the criminal-justice system sends them, an idea that many localities are exploring. ⁵⁰ Karen Freeman-Wilson, a retired judge and president of the National Association of Drug Court Professionals, says her organization has seen an increased demand for training on how to manage meth users in drug courts in cities like Honolulu, Oklahoma City, Indianapolis and Minneapolis.

In California, meth users make up more than half the drug offenders who enter drug treatment instead of going to jail under a new program. Voters in 2000 approved an initiative to allow those convicted of first- and second-time non-violent drug possession to receive treatment instead of incarceration. Success rates for meth users are as good or even better than those for other addicts, including heroin addicts. ⁵¹

"There is no need to develop programs specific for meth addiction," Atkins says. "We know what works. What we need to do is help people who need treatment get it."

BACKGROUND

Unique Qualities

M ethamphetamine is not a new drug, and it wasn't always illegal. First made in 1919 in Japan, it didn't become popular in the United States until the 1940s. ⁵² It is a powerful form of amphetamine — commonly known as speed — the same drug soldiers and pilots used during World War II to fend off sleep and depression. ⁵³

But today's methemphetamine produces a more intense high, making it more addictive than the meth used in the '60s. It is also easier to make. Unlike plant-derived cocaine and marijuana, meth can be made using different methods and recipes.

Meth's appearance varies widely: It comes in powder form or in rock-like chunks; its color ranges from white, yellow, brown and gray to orange and pink. It can be injected, smoked, snorted or taken as a pill. In its powder form, it is white, odorless and bitter tasting and easily dissolves in water or alcohol.

Crystal meth is a colorless, odorless form of meth that has a higher purity level and produces a longer-lasting high. Also known as "ice" or "Tina," crystal meth typically resembles small fragments of glass or bluewhite rocks of various sizes and usually is smoked in glass pipes similar to those used to smoke crack cocaine. It also can be injected. ⁵⁴

Users get an intense "rush" immediately after smoking or injecting meth, followed by an extended high that can last up to 24 hours. When meth is taken in pill form, it takes up to 20 minutes for the high to kick in, and it doesn't produce the rush.

Meth also stays in the body longer than cocaine. Within an hour after using cocaine, 50 percent of the drug has metabolized in the body. But with meth, 50 percent of the drug stays in the body for 12 hours. ⁵⁵

Because meth stays in the body longer, it can do more damage — including brain damage. It also can cause rapid heartbeat, high blood pressure, stroke, paranoia, memory loss, anorexia, hyperthermia, hepatitis, HIV transmission and violent behavior. ⁵⁶

Unlike many other drugs, meth is a "neurotoxin," which means it not only releases dopamine — the brain chemical that produces euphoria — but also damages brain tissue. In some cases, a person's brain may still not be restored to pre-meth days even years after using the drug. Recent studies suggest meth

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Chronology

1880-1937 Meth

is invented and used to treat various medical disorders.

1887

A German chemist first makes amphetamine.

1919

Methamphetamine, a more potent amphetamine, is made in Japan.

1937

Amphetamines are sold under the name Benzedrine to treat narcolepsy, depression, attention deficit disorder, Parkinson's disease and alcoholism.

1940s-1950s

Meth is used by soldiers, students and truckers to stay awake.

1941-45

U.S. soldiers and pilots are given amphetamines and methamphetamine to fend off sleep and depression.

1943

Half of the Benzedrine sold in the United States is for weight control, depression and staying awake.

1960s Meth becomes part of the 1960s drug culture.

1962

Meth or amphetamine addicts become known as "speed freaks," giving way to a "Speed Kills" antidrug campaign.

1967

Popular rock bands sing about drugs, including an album called "Mary's Meth Dreams," by Dry Ice.

1970s-1980s

Congress outlaws meth, but new recipes make it easier to "cook" the drug. Purer, smokable meth, or "ice," first appears in Hawaii and the West Coast.

1970

Congress passes the Comprehensive Drug Abuse Prevention and Control Act, which makes meth and amphetamine illegal without prescriptions.

1988

Chemical Diversion and Trafficking Act lays out a regulatory and enforcement framework for controlling pseudoephedrine and other precursors for manufacturing meth. Anti-Drug Abuse Act establishes a mandatory five-year minimum prison sentence for possession of 10 grams of pure meth and a 10-year sentence for 100 grams.

1990s Meth moves

1994

Mexican drug-trafficking organizations with "super labs" in California and Mexico begin to take control of U.S. meth production and distribution.

1996

Comprehensive Methamphetamine Control Act increases penalties for meth manufacturing and trafficking and creates a task force to study combating spread of the drug.

2000-Present Number of "mom and pop" meth labs increases, primarily

in rural areas. Lawmakers try to control sale of pseudoepberine, a key ingredient in meth.

January 2000

Bush administration's Methamphetamine Interagency Task Force finds "a lack of data about the prevalence of meth use and abuse" but recommends more training and coordination among law-enforcement and social-service agencies. . . . In October, the Methamphetamine Anti-Proliferation Act limits how much pseudoepherine-containing drugs can be purchased over-the-counter.

2004

Oklahoma limits sale of cold tablets containing pseudoephedrine to pharmacists and requires customers to show ID and sign a log. Other states begin restricting products with pseudoephedrine. . . . In October, the administration task force unveils the National Synthetic Drugs Action Plan — "the nation's first comprehensive plan for attacking methamphetamine and other synthetic-drug abuse."

2005

Legislation similar to Oklahoma's is passed by many states and also introduced in Congress that would make medicine with pseudoepherine a Schedule V drug, dispensable only in a pharmacy. . . . Major retailers voluntarily put cold medicines with pseudoepherine behind the counter. . . . A Bush administration task force in May recommends giving the Drug Enforcement Administration more authority and suggests increasing efforts to get other governments to limit the sale of pseudoephedrine. . . . On July 5 the National Association of Counties calls methamphetamine "the leading drug-related local law-enforcement problem in the country."

Helping Meth's Youngest Victims

he 4-year-old girl was naked, playing outside her California home near a dead cat and toxic residue left over from manufacturing methamphetamine. She was infested with head lice and tested positive for meth.

In Louisiana, authorities found a meth lab in the bedroom of a 1-year-old. ¹ In Georgia, a 7-month-old drowned in the bathtub when his mother passed out after a three-day meth binge. ² A SWAT team preparing to raid a meth lab in Colorado found a 4-year-old boy in a Halloween costume, trying to wake up his parents to take him to his school Halloween party. ³ The parents were coming down from a meth high, which can cause them to sleep for days, forcing children to fend for themselves for food, bathing, clean clothes and getting to school.

These are among the thousands of children living — and sometimes dying — in filthy, dangerous conditions with a parent or guardian who is either making or using meth.

"Parents are so consumed with getting their next high, they completely neglect everything around them, including their children," says Rusty Payne, spokesman for the U.S. Drug Enforcement Administration (DEA).

Because their bodies are still developing, children are especially vulnerable to the drug's toxic ingredients. Meth can get into their bloodstreams merely from living where it is produced or smoked. In 2003, nearly 70 percent of the children present when officers raided meth labs tested positive for toxic levels of chemicals. 4

Children also can inadvertently inhale or swallow the chemicals used to "cook" meth, whose toxic fumes cause headaches, nausea, dizziness, fatigue, shortness of breath, coughing and chest pain. Children exposed to meth making day after day

also can develop cancer or damage to the brain, liver, kidney, spleen and immunologic system. 5 Federal scientists studying meth toxicity recently put a teddy bear in a room where meth was being made. It tested positive for the drug. 6

Meth is so toxic that even after normal cleaning and washing, toxic chemicals often remain on silverware, dishes and countertops where food is prepared and on floors where young children play.

The ingredients used to make meth also are caustic and explosive, putting children at risk for skin lesions, chemical burns and respiratory damage from fires or explosions. In Georgia, a 27-year-old baby-sitter and three boys died in a trailer fire that police suspected was started by a meth lab. ⁷ Nearly 15 percent of meth labs discovered nationwide are found due to fires or explosions. ⁸

Children can also be harmed by booby traps — such as tripwires, sticks with nails or spikes and light switches wired to explode — that meth producers often set up in their homes to protect their labs from police and others. ⁹

In addition to being neglected, children living in homes where meth is made are more likely to be physically or sexually abused, according to a Justice Department report. ¹⁰ "I was an awful parent," said Kris Salisbury, an Iowa mother who had a 2-year-old daughter when she started using meth in 1986 and continued using it for 10 more years — even after having twins — until police raided the house where she and her boyfriend made the meth. ¹¹

The number of meth-affected children nationwide is difficult to determine, but experts say it's in the thousands. Some 3,000 children were found during meth lab seizures in 2003. ¹²

Continued from p. 598

users could also be more susceptible to Parkinson disease later in life. ⁵⁷

Injecting meth poses additional risks, including contracting HIV, hepatitis B and C and other blood-borne viruses, as well as scarred or collapsed veins, infections of the heart lining and valves, pneumonia, tuberculosis and liver and kidney disease. ⁵⁸

Meth also can ruin the teeth in a matter of months. Dentists in the Midwest are seeing patients with "meth mouth," whose teeth have rotted and turned grayish-brown, or fallen out. One theory is that the drug causes dry mouth, which promotes decay because there's not enough saliva to help control bacteria. Meth users often turn

to sugary soft drinks for relief of their thirst, creating more decay, and tend to be so preoccupied with getting their next high they often don't bathe, let alone brush their teeth. ⁵⁹

Addicts often build up a tolerance to meth and have to use more of the drug to get the same high. Some abusers do not eat or sleep for days. During binges, users inject as much as a gram of meth every two to three hours over several days until they run out of the drug or are too dazed to continue. Eventually, most meth addicts develop paranoid delusions — seeing and hearing things that are not really there and believing that everyone is "out to get them," even strangers or inanimate objects. ⁶⁰

Mexican 'Super Labs'

P eople today often turn to meth for the same reason college students, truckers and dieters did in the 1960s: to stay awake, have more energy or lose weight. In those days, users of high dosages of meth or amphetamine were known as "speed freaks." Before Nancy Reagan's "Just Say No" campaign, "Speed Kills" was a common anti-drug theme.

In 1970, Congress passed the Comprehensive Drug Abuse Prevention and Control Act, which made meth and amphetamines illegal without a prescription. Meth was classified as a Schedule II stimulant, meaning it has some medical

Authorities usually remove children from their families if meth is present in the home. According to a 2005 National Association of Counties survey, 40 percent of local child-welfare agencies reported an increase in the removal of children from homes due to meth in the last year, and nearly 60 percent of the 300 local welfare agencies surveyed said meth use made it harder to reunify families. ¹³

In just the first three months of 2004, 250 children in Wyoming were removed from their homes because of meth, says Dennis D. Embry, president of PAXIS Institute in Tucson, Ariz., a research organization that studied Wyoming's meth problem. Minnesota authorities estimate that meth plays a role in nearly 80 percent of child-protection cases. ¹⁴

In California, Butte County's Drug Endangered Children (DEC) program was the first attempt at developing a coordinated strategy to protect children affected by meth. Established in 1993, the project brings together law enforcement, social workers, public-health nurses and prosecutors to help remove children from homes where meth is being made. ¹⁵ Seventeen states now have DEC programs, and a federal interagency task force in May urged more states to create or expand DEC programs. ¹⁶

Arkansas and Washington are among the states that have modified child-abuse or endangerment laws to include manufacturing meth in the presence of a child. ¹⁷

In Congress, Sens. Jim Talent, R-Mo., and Dianne Feinstein, D-Calif., are sponsoring the Combat Meth Act of 2005, which would give states and cities grants to help create "endangered children rapid-response teams" to intervene on behalf of children exposed to meth in the home.

"It is the worst, single, drug threat that I've seen in my 20 years in public life," Talent said. "It used to be a pretty rural problem. But not anymore. It's spread to the cities." ¹⁸

benefit but was subject to abuse.

Biker gangs in California and the Pacific Northwest continued to make and use meth, and a few doctors were prescribing amphetamines in the 1970s. In the early 1980s new "recipes" made it easier to cook meth. San Diego soon became the new meth hub, and meth use exploded in southern California. Purer, smokable meth, or "ice," became popular in the late 1980s in Hawaii and on the West Coast.

Hawaii's experience with the drug began in the 1980s but took off, strangely enough, in 1992 after Hurricane Iniki, says William Wood, a sociology professor at the University of Hawaii at Manoa. Crews of Mexican workers who had worked on damaged roofs in Homestead, Fla., after Hurricane Andrew arrived into Kauai in significant numbers, ready for work but finding none. He says the Mexicans had been known as the "roofers from hell" in Florida because of their connections to traffickers in Rohypnol, a Valium-like drug commonly known as the "date rape" drug.

In Hawaii, their Mexican contacts quickly found a market for methamphetamine, black tar heroin and marijuana. Newly available flights to neighboring islands in Hawaii, where there was less security than at Honolulu International Airport, made transporting drugs easier, he says. From 1993 to 2000, drug-treatment facility admissions for meth use climbed by more than 300 percent in Hawaii. ⁶¹

"The hurricane afforded a foothold" that the state has yet to escape, Wood says.

Over the next two decades, meth's popularity spread eastward, hitting the Midwest in the 1990s and lately appearing in the South, Mid-Atlantic and Northeast. ⁶²

In 1994, Mexican drug traffickers moved in on the meth market and set up "super labs" in California and Mexico that could produce more than 10 pounds of meth in a 24-hour period. ⁶³ The Mexican drug organizations saw a growing market for methamphetamine, DEA spokeswoman Waite says, and also realized they could use existing routes for distributing heroin, cocaine and marijuana as well as their

 $^{^{1}}$ National Drug Intelligence Center, "Information Bulletin: Children at Risk," July 2002, pp. 4, 7.

² Cameron McWhirter and Jill Young Miller, "Meth Stalks Rural Georgia," Atlanta Journal Constitution, June 6, 2004.

³ Testimony by Lori Moriarty, commander, North Metro Drug Task Force, Thornton, Colo., Police Department, before House Judiciary Committee, April 12. 2005.

⁴ National Drug Intelligence Center, op. cit., p. 22.

 $^{^5}$ Karen Swetlow, "Children at Clandestine Methamphetamine Labs: Helping Meth's Youngest Victims," U.S. Department of Justice, Office of Justice Programs, June 2003, p. 3.

⁶ Moriarty, op. cit., p. 4.

⁷ McWhirter and Miller, op. cit.

 $^{^8}$ National Drug Intelligence Center, "National Drug Threat Assessment 2005," February 2005, p. 22

⁹ Swetlow, op. cit., p. 4.

¹⁰ Ibid.

 $^{^{11}}$ David Crary, "Anti-Meth Drive Targets Children," The Washington Post, April 10, 2005.

White House Office of National Drug Control Policy, "National Synthetic Drugs Action Plan," October 2004, p. 22.

¹³ "The Meth Epidemic in America: Two Surveys of U.S. Counties," National Association of Counties, July 5, 2005.

 $^{^{14}}$ Garry Boulard, "The Meth Menace," $\mathit{State\ Legislatures}$ magazine, May 2005, p. 16.

¹⁵ National Drug Intelligence Center, op. cit., p. 7.

¹⁶ White House, op. cit., p. 6.

¹⁷ National Conference of State Legislatures, Fact Sheet, "State Enactments related to Protecting Children from Methamphetamine, 2005."

¹⁸ Mike Wells, "Talent Stumps for Federal Meth Measure," *The Columbia* [Missouri] *Daily Tribune*, Feb. 20, 2005.

contacts to acquire precursors and manufacture methemphetamine for distribution in the United States.

The super labs in rural or remote areas of Southern and Central California are controlled by criminal groups based in California and Mexico, according to the Justice Department's 2005 "National Drug Threat Assessment." Many of the Mexican groups maintain ties with family and friends back home in Culiacan and Michoacan, where they recruit workers to come to California for a few months to make meth.

"Perhaps the greatest emerging drug threat from Mexico is the production of methamphetamine for sale and use in the United States," Anthony P. Placido, the DEA's acting assistant administrator for intelligence, told Congress in June 2005. 64 He said that in 2004, authorities seized a record of nearly 4,000 pounds of methamphetamine along the Southwest border, up 75 percent from 2001.

Of particular concern to the DEA,

Placido said, are efforts by Mexican trafficking organizations to establish methamphetamine laboratories closer to the U.S. border, in addition to their traditional manufacturing locations in central Mexico.

The DEA in 2004 estimated it spends \$145 million a year to combat methamphetamine, including an estimated \$119 million on enforcement, tracking chemicals and investigating illegal shipments of meth precursors. ⁶⁵ The agency also spends \$6 million for lab cleanup and manages \$20 million from the Community Oriented Police Services (COPS) program, which is dispersed

for state and local lab cleanup.

Mexican criminal groups used to obtain bulk quantities of pseudoephedrine from Canada, but the Canadian government cracked down on the sale of the product, so the drug makers turned to China, the Czech Republic, Germany and India. ⁶⁶

When meth is smuggled from Mexico into the United States, it usually comes through Arizona. In 2003 more meth was seized at or near points of entry into Arizona than in either California or Texas. ⁶⁷



Alleged drug kingpin Chen Bingxi, right, arrives for trial in Guangzhou, China, on March 23, 2005. He was charged with manufacturing more than 12 tons of methemphetamine worth an estimated \$5.5 billion.

Action in Congress

The Comprehensive Methamphetamine Control Act passed by Congress in 1996 increased the penalties for manufacturing and trafficking methamphetamine and created the Methamphetamine Interagency Task Force to develop recommendations to combat meth.

Four years later, the task force concluded, among other things, that the nation lacked sufficient data "about the prevalence of meth use and abuse" and recommended more training and coordination among law-enforcement and social-service agencies.

Congress responded later that year by passing the Methamphetamine Anti-Proliferation Act — included in the Children's Health Act — restricting how much pseudoephedrine-containing drugs an individual could buy overthe-counter and raising the minimum sentencing guidelines for meth manufacturing that poses risks to others. ⁶⁸

Nevertheless, the easy availability of ingredients and recipes for making meth has spawned thousands of "mom and

pop" manufacturing operations. ⁶⁹ Ninety percent of the small manufacturers make meth for personal consumption or for friends and local buyers. ⁷⁰

"Three years ago, we had two narcotics officers for the whole county," Chief Deputy Philip Byers, of the Sheriff's Department in Rutherford County, N.C., said in May. "Today, we've got five officers working full time just on meth." 71

And policing meth can be dangerous. A third of the 32 chemicals used in making meth are highly toxic, and about 15 per-

cent of meth labs discovered in America are found as the result of an explosion or fire. ⁷²

Children — who are present in more than 10 percent of all meth-related seizures and accidents — are at particular risk. Besides being exposed to the toxic chemicals, they often are abused or neglected while their parents are getting high or coming down. Meth abusers coming off a meth high can become enraged and later sleep for days.

"For the user, it is so addictive and such a powerful high that people will use it for not just hours but days at a time, which ends up creating psychotic and very violent behavior on the measure of the old PCP days," says Hedrick of the Partnership for a Drug-Free America. "Even a small amount creates a lot of chaos," he says.

"Tve been in homes where you'd find jars of meth oil in the refrigerator but no milk, no bread for the kids," Marvin Van Haaften, a former county sheriff who is Iowa's drug-policy coordinator, said. ⁷³

Forty percent of local child-welfare agencies reported an increase in removing children from homes due to meth in the last year, according to the recent National Association of Counties (NACO) survey. Of 300 local welfare agencies, nearly 60 percent said meth use made it harder to reunify families.

Meth also affects local crime rates. To support their habits, meth addicts often rob stores or individuals or steal checks from mailboxes. ⁷⁴ The two men convicted of brutally beating gay college student Matthew Shepard in Laramie, Wyo., in 1998 were high on meth and looking for someone to rob.

"Sometimes when you have that kind of rage going through you, there's no stopping it," Aaron McKinney, who is serving two consecutive life sentences for killing Shepard, told ABC News' "20/20" last November. "I've attacked my best friends coming off of meth binges." ⁷⁵

CURRENT SITUATION

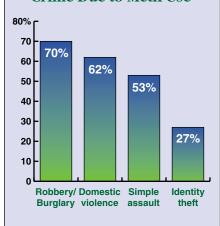
Combating Meth

In some parts of the country, it's difficult to pick up a local newspaper and not find a story about a meth bust or a state proposal to curb the problem. In those communities, the drug rapidly overwhelms law enforcement.

Crime Up Due to Meth

Seventy percent of county lawenforcement officials reported significant increases in robbery and burglary due to methamphetamine use.

Percentage of Officials Reporting Increases in Crime Due to Meth Use



Source: National Association of Counties, "The Meth Epidemic in America," July 5, 2005

"It's the most dangerous drug and the most quickly spreading drug I've ever seen, said Illinois State Police Lt. Thomas Oliverio, who commands two drug task forces in southern Illinois. "I've never seen anything like this." ⁷⁶

The National Drug Intelligence Center's 2005 survey for the first time identified meth as a greater threat than cocaine, stating that meth is now "readily available" in all parts of the country except the Northeast. In addition, nearly 60 percent of counties cite meth as their biggest drug problem, according to NACO.

"I know Washington has again identified marijuana as our country's top drug problem, but the problem is meth, and if you talk to most sheriffs they are going to tell you that the problem is meth," says Sheriff Buddy Grinstead, of Moffat County, Colorado.

"Someone arrested and jailed for marijuana doesn't bring with them the increased health and dental costs or the violent assaults that meth users typically bring.

"Colorado has identified meth as being a big problem. We need some funding sources to help combat the problem."

Of the 500 county law enforcement agencies in 45 states who responded to the NACO survey, three-quarters said between 40 and 50 percent of all arrests in the last five years were methrelated, and 62 percent reported increases in lab seizures.

While states have begun passing laws to deal with the problem and the White House has initiated a "meth action plan," some employers and retailers are acting on their own to help solve the problem.

In addition to making it harder for consumers to buy cold tablets with pseudoephedrine, some states have begun:

- Restricting access to fertilizer, an ingredient for making meth. Ohio in 2004 made it a third-degree felony to steal anhydrous ammonia, while Iowa is using federal funds to provide locks for anhydrous tanks. ⁷⁷
- Protecting children from meth labs.
 Some states have expanded their child-abuse or endangerment statutes to include manufacturing meth in the presence of a child; Arkansas and Washington have made it a criminal offense to expose a child to an illegal chemical substance. ⁷⁸
- Helping communities pay for cleaning up meth labs. Six states
 Arkansas, Georgia, Indiana, Kentucky, Ohio and Oklahoma
 make offenders liable for cleanup costs.
- Stiffening penalties for dumping meth wastes. Michigan, Missouri and Wisconsin make it a felony to illegally dispose of meth waste. ⁷⁹
- Creating special decontamination standards for meth labs. ⁸⁰

Meth's Toxic Toll on Environment

Provery pound of methamphetamine produced creates five to seven pounds of toxic chemical waste, which is often dumped into public sewer systems or in yards, farms, streams or lakes. 1

Contaminated barrels, glassware, hoses and other meth waste have been found in irrigation canals, and police in Oklahoma discovered a 30-foot-deep mineshaft full of equipment and chemical wastes from an estimated 200 meth labs. In Florida, thousands of schoolchildren were relocated for two days in 2003 when a meth maker tried to tap into an anhydrous-ammonia pipeline and ended up releasing a toxic gas cloud over their school. It took emergency workers an entire day to get the leak under control. ²

Of the 32 chemicals that can be used to make meth, one-third are so toxic that cleanup workers must don respirators and protective suits. ³ Ingredients for meth are found in battery acid, charcoal lighter fluid, paint thinner, drain cleaner and fertilizer. The chemicals left behind after meth is made include lye, red phosphorus, hydrochloric acid and iodine. ⁴

Ridding buildings of meth residue is just as difficult as getting it out of the environment. Traces of meth and its ingredients can be found on walls, counters, rugs and drapes. Because of the high cost of decontamination, some buildings are simply razed and rebuilt. ⁵

"A lot of people don't realize the toxic nature of these meth labs," says James E. Copple, co-director of the International Institute for Alcohol Awareness, which has sponsored 15

meth "summits" to focus on the problem. "I literally don't check into a motel or hotel in the Midwest anymore, especially in rural areas, if I don't ask first, 'Has this hotel ever had a meth problem or a meth lab in it?' "

It can take eight to 15 hours and \$5,000 to \$20,000 to clean up a meth lab — an expense usually borne by states and lo-

calities. ⁶ The Montana Department of Justice, for example, estimated that cleaning up the 122 meth labs seized in the state in 2002 cost taxpayers more than \$1 million. ⁷ California estimates it spent \$4.7 million in 2002 to clean up 1,846 sites. ⁸

Meth labs pose particular dangers to police, first responders and social workers who unknowingly enter the sites. Recent data show that while the number of fires and explosions at meth lab sites declined in 2003 — from 396 in 2002 to 361 — the number of law-enforcement officers injured while responding to meth lab incidents jumped from 129 to 255. §

Only three states — Arizona, Oregon and Washington — require that all employees involved in meth cleanup operations

be trained and certified. Seven states have special decontamination standards for meth: Alaska, Arizona, Arkansas, Colorado, Minnesota, Tennessee and Washington. And in Arizona, Alaska and Oregon, sellers of real estate must notify potential buyers in writing if illegal drugs were ever made on the premises. ¹⁰



Deputy Sheriff Kirk Ives searches for methemphetamine-making materials near Pratt, Kan., on Feb. 18, 2005. Because of their pungent, distinctive odor, meth labs are often hidden in rural areas where they are less likely to be discovered.

- National Drug Intelligence Center, "Methamphetamine Laboratory Identification and Hazards, Fast Facts," December 2003; http://www.usdoj.gov/ ndic/pubs7/7341/index.htm.
- 2 Testimony of Rogelio E. Guevara, chief of operations, U.S. Drug Enforcement Administration, before House Committee on Government Reform, July 18, 2003.
- ³ Ilene K. Grossman, "Methamphetamine problem requires multi-faceted response from states," *Firstline Midwest*, Council of State Governments, February 2005.
- ⁴ Guevara. *ob. cit.*
- ⁵ Testimony of Scott Burns, deputy director for state and local affairs, White House Office of National Drug Control Policy, before U.S. House Committee on Government Reform, Feb. 6, 2004, p. 4.
- ⁶ Testimony of Robert R. Bell, president, Tennessee Technological University, before House Committee on Science, March 3, 2005.
- $^{7}\ http://www.doj.state.mt.us/safety/methinmontana.asp$
- 8 White House Office of National Drug Control Policy, "National Synthetic Drugs Action Plan," October 2004, p. 21.
- 9 National Drug Intelligence Center, Department of Justice, "National Drug Threat Assessment 2005," February 2005, p. 22.
- 10 Testimony of Sherry Green, executive director, National Alliance for Model State Drug Laws, before House Committee on Science, March 3, 2005, p. 5.

Meanwhile, cash-strapped state and local governments are spending millions to provide drug treatment, child-welfare services and site decontamination as well as to fight increased crime. Employers also lose about \$20 million a year in lost productivity and absenteeism due to

meth use, according to a study from the Sam M. Walton College of Business at the University of Arkansas. "The magnitude was incredibly startling to me," says Kathy Deck, assistant director of the university's Center for Business and Economic Research. ⁸¹

Rite-Aid, Target, Kmart and other major retailers voluntarily implemented new policies in 2005 putting Sudafed, Benadryl Allergy and Sinus and Claritin-D and other medicines containing pseudoephedrine behind pharmacy counters. ⁸² Stores without

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At Issue:

Will putting cold medicines behind the counter cut meth abuse?

SEN. DIANNE FEINSTEIN, D-CALIF.

WRITTEN FOR THE CQ RESEARCHER, JULY 2005

here has been a major victory in the battle against methamphetamine in recent months: Nine major retailers including Target, Wal-Mart and Longs Drugs have voluntarily decided to put cold medicines containing pseudoephedrine — a key ingredient in methamphetamine — behind the counter. Before that, seven states passed laws requiring that pseudoephedrine products be moved behind the counter, modeled on an Oklahoma law that has cut meth lab seizures by 80 percent since April 2004.

But this patchwork of state laws and voluntary actions isn't enough to curb meth's spread. We need a national standard that limits access to pseudoephedrine.

Meth is cheap, accessible and potent. And the meth problem has grown dramatically worse in recent years. There were nearly 39,000 emergency-room visits nationally in 2002 related to meth use — a 55 percent increase since 1995. In the first half of this year, California has seized 828 meth labs — more than the 778 labs seized in all of 2004. But this isn't just a California problem. In the last year, police have seized more than 9,300 meth labs nationally — a 500 percent increase since 1996.

That's why Sen. Jim Talent, R-Mo., and I have introduced the Combat Meth Act, which is based on the Oklahoma law and would allow customers to purchase all the cold medications they need while enabling us to address a major public-safety problem. Among other things, it would:

- Require products containing pseudoephedrine to be sold behind the pharmacy counter.
- Limit the purchase of pseudoephedrine-containing products to 7.5 grams over a 30-day period (the equivalent of 250 30-milligram pills).
- Require purchasers to present proof of identification and sign for the medicine upon purchase.
- Authorize \$43 million to help law-enforcement agencies tackle meth in their communities; expand local prosecutors' ability to prosecute meth dealers; enhance treatment options for meth users and assist children affected by the spread of meth.

On my recent visit to California's Central Valley, law-enforcement officers shared tragic stories of children found in the midst of meth labs, exposed to toxic chemicals in their own homes. More than 3,000 California children have been placed in state custody because their parents were using or distributing meth.

We need to take on this scourge before it endangers more children and shatters more families across the country.

JOHN A. GILBERT, JR.

ATTORNEY, HYMAN, PHELPS & MCNAMARA, PC *
FORMER ATTORNEY, DEA

WRITTEN FOR THE CQ RESEARCHER, JULY 2005

he use of over-the-counter (OTC) pseudoephedrine products to illicitly manufacture methamphetamine is a publichealth concern that must be aggressively addressed by law enforcement. However, recent legislative and regulatory proposals advocate only allowing pseudoephedrine to be sold in pharmacies, in some cases by regulating pseudoephedrine as a Schedule V controlled substance. These actions will place unnecessary burdens on pharmacies while at the same time limiting consumer access to these medicines.

Restricting OTC product to pharmacies will require pharmacists to act as the gatekeeper in determining whether consumers are purchasing these products for a legitimate medical need. Pharmacists readily assume this responsibility in dispensing prescription drugs in cooperation with health-care practitioners. In many jurisdictions, pharmacists have a "corresponding responsibility" to ensure that drugs they dispense are for a legitimate medical purpose.

However, requiring that OTC products only be dispensed by a pharmacist or regulating OTC drugs as a Schedule V substance could create additional risks and liabilities for pharmacists. For example, some of the recent legislative proposals require that pharmacists keep logbooks on individuals who purchase these products and restrict the amount of product that can be purchased in a 30-day period. The requirements impose a standard of care on pharmacists not clearly defined in most jurisdictions. Also, legitimate consumers may be subject to unwarranted scrutiny or liability.

Placing pseudoephedrine in Schedule V of the Controlled Substances Act is particularly inappropriate, given that such classification is reserved for drugs with a potential for abuse and physical or psychological dependence.

The proposed restrictions on OTC products could also result in a third class of drugs, creating uncertainty among health-care practitioners and consumers about the labeling, marketing and use of these products. Measures such as retailsale restrictions and package-size limitations can reduce the potential for misuse while ensuring that consumers have ready access to these safe and effective medicines.

These actions are better alternatives to restricting sales to pharmacies, given the current OTC regulatory status of most pseudoephedrine products and the need to protect pharmacists and consumers.

^{*} The firm represents drug companies that make pseudoephedrine products.

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pharmacies will not sell pseudoephedrine products.

Drugstore.com, an Internet pharmacy, has limited the amount of pseudoephedrine that can be purchased from its Web site and requires valid shipping and billing information with each order. In fact, the company said that for many years it has been submitting detailed monthly reports to the DEA listing all purchases of pseudoephedrine. ⁸³

The Consumer Healthcare Products Association's Meth Watch program is already helping retailers in 13 states train employees to notify authorities if they spot suspicious purchases involving ingredients that could be used to manufacture meth. ⁸⁴ The group also helped the Partnership for a Drug-Free America, the American Academy of Pediatrics and the DEA conduct a two-year media campaign in St. Louis and Phoenix publicizing the dangers of meth. Tennessee had the first statewide effort, which began in 2005. ⁸⁵

The Department of Justice Office of Community Oriented Policing Services (COPS) has provided more than \$350 million in grants to localities to help defray meth-related costs. ⁸⁶

Proposed Initiatives

S everal congressional proposals would boost the money available to help states clean up meth labs and better protect children. Most of the measures are sponsored by lawmakers from states hit hard by meth, such as California, Missouri, Tennessee and Washington.

Missouri's Sen. Talent and California's Sen. Feinstein, for instance, are sponsoring the most sweeping proposal. The Combat Meth Act of 2005, modeled after the Oklahoma state law, would:

Require that cold medicines containing pseduodephedrine be dispensed by pharmacists and that customers show an ID and sign for the medicine;

Street Slang for Meth Methlies quik Beannies Brown Mexican crack Chalk Poor man's cocaine Chicken feed Redneck Cinnamon cocaine Crank Rock Crink Tick tick Crypto Wash Fast Yellow Getgo powder

 Limit the amount a person can buy to 7.5 grams a month — or 250 30-mg pills.

Source: National Drug Intelligence

Center

- Provide \$25 million to help states and localities train law enforcement in how to deal with meth and prosecute meth cases;
- Give states and localities \$15 million to help clean up meth labs and create "endangered children rapid-response teams" to intervene on behalf of children exposed to meth.
- Allow states to work with the DEA to create regulations allowing retail stores without pharmacies and in rural areas to sell cold medicines.

In the House, Rep. Bart Gordon, a Democrat from Tennessee — which ranked third in the number of meth labs seized last year (1,319) — has proposed having the Environmental Protection Agency give states better guidance on how to clean up illegal laboratories. Rep. Mark Souder, a Republican from Indiana, has proposed a bill that would implement some of the recommendations of the White House task force on synthetic drugs.

The White House says its October 2004 National Synthetic Drugs Action Plan is the "first comprehensive plan for attacking methamphetamine and other synthetic drug abuse." In May, a task force of top administration officials produced a blueprint for action, which will include asking Congress to close loopholes in store recordkeeping and reporting requirements for products containing pseudoephedrine. ⁸⁷

"The methamphetamine threat cannot be defeated without better control of precursor chemicals, like ephedrine and pseudoephedrine," Attorney General Alberto Gonzales said. "Chemical diversion exists at the retail, wholesale and international levels, requiring a comprehensive plan to stop diversion at each of these levels."

The task force wants Congress to plug what it calls "a wide-open loophole that drug traffickers have exploited." Under current U.S. law, the DEA must be notified if ephedrine or pseudoephedrine are imported or will transit through the United States. However, pharmaceutical products containing pseudoephedrine can be shipped without pre-notification if they are combined with other ingredients. Besides changing that, the task force wants Congress to give the DEA more authority over imports of bulk ephedrine and pseudoephedrine and lower the threshold for single purchases of products containing pseudoephedrine below the current nine grams.

With a deeply divided Congress strapped for funds, it's uncertain whether Congress will adopt the Talent/Feinstein bill or the task force recommendations. Hedrick of the Partnership for a Drug-Free America predicts lawmakers from states with serious meth problems will lobby for extra money to help communities clean up and crack down on the meth labs, but he thinks Congress isn't ready for a federal "blanket response" to combat meth.

Administration Efforts

Pour times in the past year the DEA has helped train Mexican agents to detect meth laboratories, and more training is slated for summer 2005. Mexico this year began to impose stricter import quotas for pseudoephedrine. The Bush administration also has promised to step up efforts to get pseudoephedrine producers in China, the Czech Republic, Germany and India not to allow their products to be diverted to illicit labs.

Meanwhile, the White House task force also plans to:

- Encourage Web-based pharmacies to stop selling meth precursors like ephedrine and red phosphorous products on their Web sites, similar to an agreement the DEA reached with eBay.
- Work with regional and international organizations, such as the Organization of American States and the United Nations, to better monitor shipments of meth precursors.
- Help state and local law-enforcement agencies revise their meth lab cleanup protocols.
- Get more states to form or expand Drug Endangered Children programs, which include teams of specialists who respond to situations where minors are found in or near meth labs.
- Provide more federal money to states for meth treatment and drug courts.
- Launch a new government Web site (www.methresources.gov) administered by the Justice Department promoting best practices and resources for combating meth and other synthetic drugs.

OUTLOOK

New England Next?

M ost observers expect meth to hit the East Coast hard, but when is anybody's guess.

UCLA's Rawson, who has studied meth for 20 years, says it is frustrating to watch the drug march steadily across the country. The only public official in New England who has acted before meth strikes the region has been Maine Attorney General Steven Rowe, who called on state lawmakers to restrict the sale of cold medicines with pseudoephedrine, Rawson says. The proposal is pending before the Maine Senate.

Rowe also organized a meth summit in Boston in late May 2005, bringing together law-enforcement and state substance-abuse treatment leaders from throughout New England. "We have an opportunity to get ahead of this problem now, but that opportunity won't last for long," Rowe said. ⁸⁸

Nevertheless, Rawson is not optimistic. "Unfortunately, there is no reason to think it won't continue spreading eastward," he says.

Copple, of the International Institute for Alcohol Awareness, also warns that New England needs to act now. "As it's driven out of the Midwest with tougher statutes, [meth] will find itself in the East," Copple says. "We're a country in search of a high, and where there's demand, they'll find the supply."

But the campaign to make it harder to obtain pseudoephedrine is "only a small step" in a larger effort that is needed, says Hedrick of the Partnership for a Drug-Free America. "And there's not much evidence that anyone is running to fill that need."

However, some drug companies are now making cold medicine without pseudoephedrine. Pfizer, which makes Sudafed, plans by January to reformulate some of its cold medicines with another compound called phenylephrine, while Leiner Health Products, which supplies generic cold and allergy drugs to Wal-Mart and other chain stores, began shipping new products with phenylephrine in June. ⁸⁹

Falkowski at the Hazelden Foundation questions whether state and federal policymakers have the political will to tackle meth on what she calls other critical fronts: stepping up law enforcement and providing more treatment and education about its dangers. "There is so much misinformation out there," she says.

The University of Hawaii's Wood has little hope for a national strategy, despite the Bush administration's efforts. "I don't have a lot of faith that there will be any carry through" of the task force's recommendations, he says.

Others predict that the media scrutiny and hoopla over meth will fade away. Cole, of Law Enforcement Against Prohibition, compares the current rash of meth horror-story headlines with a similar wave of news reports about crack cocaine in the 1990s.

"Today's meth problem is yesterday's ecstasy problem and last century's crack problem," Cole says. "The meth problem will be replaced by another drug."

Atkins, the Hazelden manager who kicked a meth habit in the late 1980s, agrees. "The genie's out of the bottle. People from all over the country have learned about this drug. I suspect the popularity of it will decrease." He suspects another "drug du jour" is being discovered now or that an existing drug will re-emerge to replace meth.

"It's good that people are hearing that meth is a nasty drug, but the problem is the addiction, not the drug," and people need to know there is treatment and hope available for them, he says.

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Pamela M. Prah is a veteran reporter who recently joined CQ Researcher after several years reporting in Washington for Stateline.org, Kiplinger's Washington Letter and the Bureau of National Affairs. She holds a master's degree in government from Johns Hopkins University and a journalism degree from Ohio University.



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CITING THE CQ RESEARCHER

Sample formats for citing these reports in a bibliography include the ones listed below. Preferred styles and formats vary, so please check with your instructor or professor.

MLA STYLE

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